

#### Please note...

The information presented in the power point may be subject to change as IBHS regulations set forth by OMHSAS continues to evolve. Therefore information provided during today's webinar may also be subject to change.

We do not advise any of the information presented or discussed during today's webinar be utilized in making business decisions for your organization. When making business decisions for your organization, please seek your organizations legal counsel as necessary.

#### **Objectives**

- Discuss the operational strategy around IBHS
- Discuss changes made to the care management strategy in order to meet the needs of IBHS and ensure quality services for youth receiving community-based services
- Discuss the authorization, continued stay and progress monitoring process
- Discuss planning for rates and financial incentives

#### Intensive Behavioral Health Services (IBHS) Overview

- On October 19, 2019, in part III of the PA CODE, OMHSAS promulgated Chapter 1155, Intensive Behavioral Health Services (IBHS).
- IBHS regulations will govern the provision of most behavioral services available to children and youth in Philadelphia, which were previously referred to as BHRS, STS, wrap-around, or community-based services.
- All current Behavioral Health Rehabilitation Services (BHRS) providers who will serve children and adolescents under IBHS are expected to be compliant with these regulations within 90 days after OMHSAS promulgated the regulations, by January 19, 2020.



#### Provider Meetings

- This is the second meeting provided by CBH to update providers on the IBHS regulatory change and ensure that providers are equipped with information needed to implement the change successfully
- CBH's goal is to assist providers in assessing readiness for the January 19, 2020 implementation date so youth receiving current BHRS services do not experience a disruption in services
- Utilizing this regulatory change as an opportunity to do something different

# Additional ways CBH is assessing readiness: Individual provider calls

- Assess provider readiness to implement IBHS both from a licensing/contracting and clinical perspective
- Providers requiring further support will be contacted for a follow-up call targeting specific areas of readiness
- The goal is to ensure that former BHRS providers across the network are ready and able to implement regulatory and clinical requirements of the service



#### IBHS Care Management Strategy Foundation

- Individuals with a current prescription for BHRS, that extends past January 19, 2020, will be allowed to continue to receive BHRS services until the end of that authorization period
- During the transition, it is important to ensure those individuals previously authorized do not experience service disruption
- Following the effective date of IBHS, providers may continue to prescribe BHRS until they are a licensed IBHS provider
- January 19, 2021 will be the last day BHRS is permitted to be delivered
- Since the procedures to access IBHS differ significantly from what was previously required to access BHRS, CBH is aligning the process to request continued BHRS during this transition period with the new process to access IBHS

#### BHRS alignment of IBHS regulations

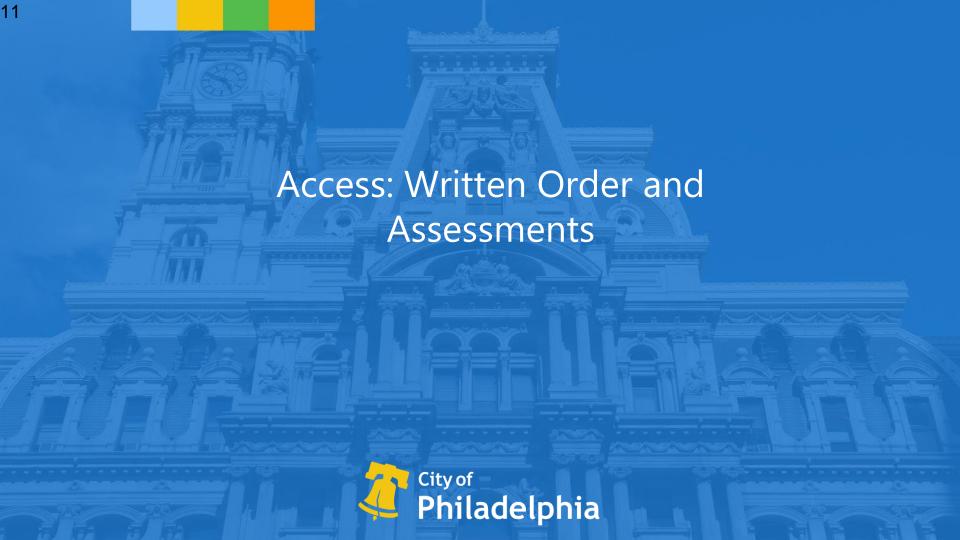
BHRS authorizations will be for no more than 6 months, regardless of diagnosis

Because IBHS offers a flexible assessment process, the CBE will be replaced by a series of assessments (Psychological, Psychiatric, Master's Level)

All IBHS and BHRS Services will be accessed in compliance with IBHS regulations (written order and assessment)

ISPTs will no longer be required

STS can only be prescribed until the last day of the 2019-2020 academic year. Prescriptions for school services in the fall of 2020 should align with the upcoming procurement.



#### Written Order Letter

Documented on the CBH Written Order Letter



Written order can be generated from face-to-face activity with qualified professional

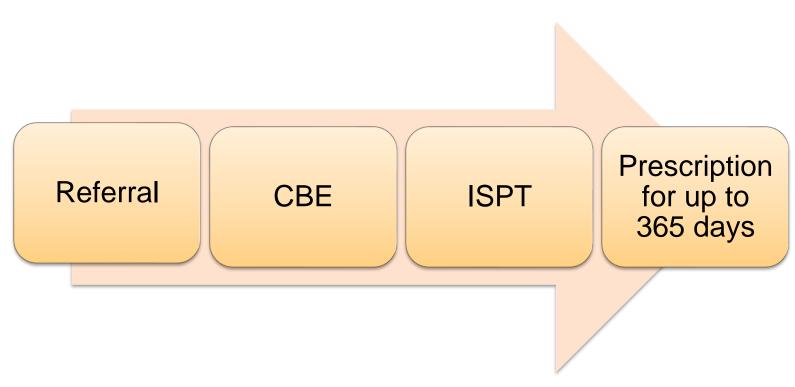


Services may also be generated through CBH referral process



Services may be initiated directly by a provider via an order that resulted from another LOC

### Current Pathway: CBE+ISPT



### Written Order

Required Elements	Diagnosis
	Clinical info to support MNC
	Max hours per service per month
	Setting
	Measurable improvements
Modalities	
Modalities	Intake
Modalities	Intake Therapy Session
Modalities	
Modalities	Therapy Session
Modalities	Therapy Session  Psychological Evaluation

#### **Evaluation and Assessment**

Evaluation: a comprehensive psychological evaluation including a mental status examination, and developmental history.

Assessment: a comprehensive cross-setting biopsychosocial which includes a series of activities including a psychological evaluation. Will be utilized as the guiding document for IBHS treatment planning and delivery. Should be performed by the various members of the treatment team including, but not limited to, psychologist and/or a master's level clinician.

#### **IBHS Cross-setting Assessment**

Rec	luired
Eler	nents

Strengths and needs of child and family

Existing and needed natural and formal supports

Specific services, skills, supports and resources needed by child and family

Clinical information: treatment history, medical developmental, educational, social, trauma and family history

Level of functioning across settings

Cultural, language and communication needs of the child and family

Summary of treatment recommendations received from all stakeholders

#### Modalities

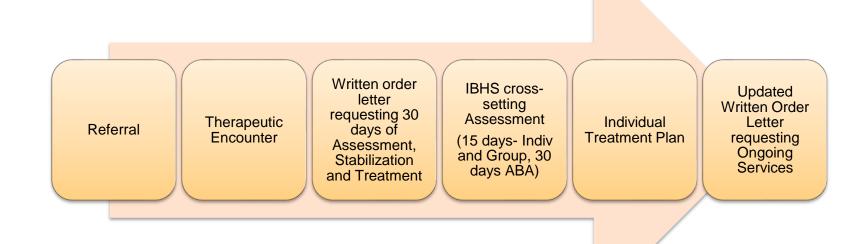
Psychological Evaluation

Master's Level Evaluation

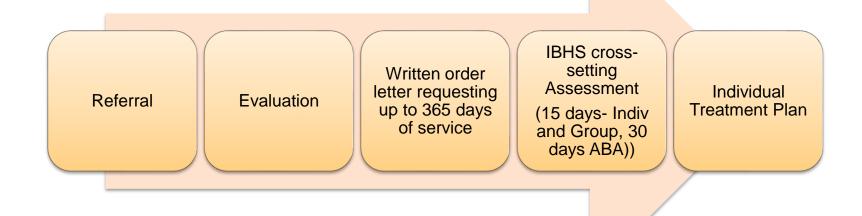
Functional Behavior Assessment

Skills Assessment

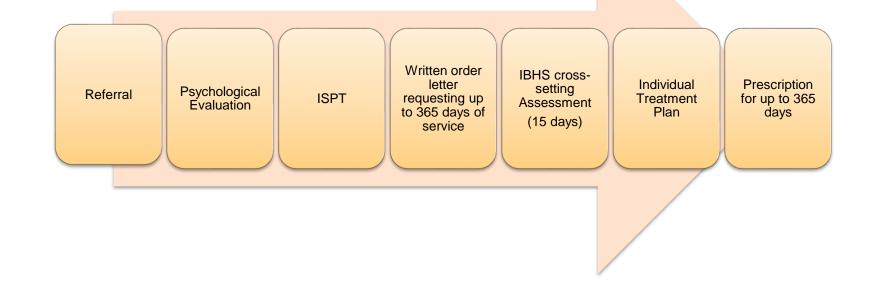
## IBHS Pathway 1: Cross-setting Assessment



# IBHS Pathway 2: Psychological, Psychiatric or Master's Level Evaluation

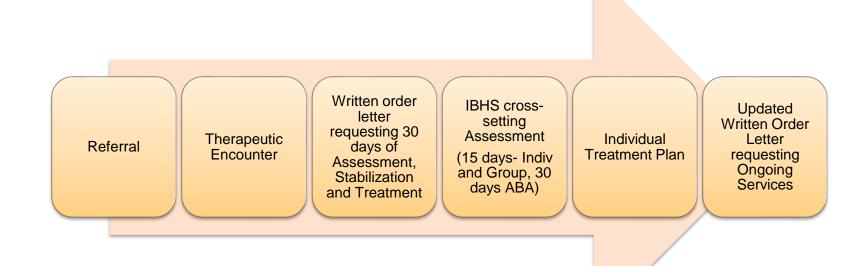


Pathway 3: Psychological or Psychiatric Evaluation and ISPT





# IBHS Pathway 1:



#### Pathway 1: Cross-setting Assessment

- CBH will not make a medical necessity determination for IBHS until the IBHS Assessment is completed. No prior authorization is required for an assessment.
- If the initial written order is for an IBHS Individual or Group Services
  Assessment, Providers may use BSC-PHD, BSC, and MT flexibly in the first 15
  days to complete appropriate assessment activities.
- If the initial written order is for an ABA Assessment, providers may use BC, BSC-PHD, BSC-ABA, and ABC-ABA flexibly in the first 30 days to complete appropriate assessment activities.

#### Pathway 1: Cross-setting Assessment

- Treatment services can be delivered flexibly during the initial period, including BHT and BHT-ABA if a treatment plan is developed to guide service delivery
- Providers are required to complete an FBA and/or skills assessment during the assessment period if ongoing BHT or BHT-ABA is being requested

#### Pathway 1: Cross-setting Assessment

- If an IBHS Assessment has taken place, Written Orders can be updated to reflect ongoing services needed based on the results of the assessment and individual treatment plan
- CBH will only review requests that include ongoing BHT and BHT-ABA services for medical necessity

### Pathway 1 is ideal for:

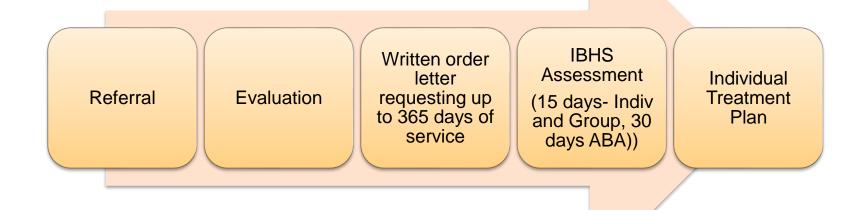
Individual IBHS

ABA

Traditional BHRS (in transition period)

STS (in transition period)

# IBHS Pathway 2: Psychological, Psychiatric or Master's Level Evaluation



# Pathway 2: Psychological, Psychiatric or Master's Level Evaluation

- If the initial written order for an IBHS service is created following an evaluation, services can be authorized for up to 365 days
- Since the evaluation is a billable service, CBH will only authorize ongoing services, up to the amount requested.
- An IBHS assessment and ITP must take place within the required timeframes, but CBH will not provide additional reimbursement for these activities.
- BHT and BHT-ABA cannot be authorized without an FBA and/or skills assessment

# Pathway 2: Psychological, Psychiatric or Master's Level Evaluation

- If an IBHS Assessment has taken place, Written Orders can be updated to reflect ongoing services needed based on the results of the assessment and individual treatment plan
- CBH will only review requests that include ongoing BHT and BHT-ABA services for medical necessity

### Pathway 2 is ideal for:

Individual IBHS- Professional Services Only

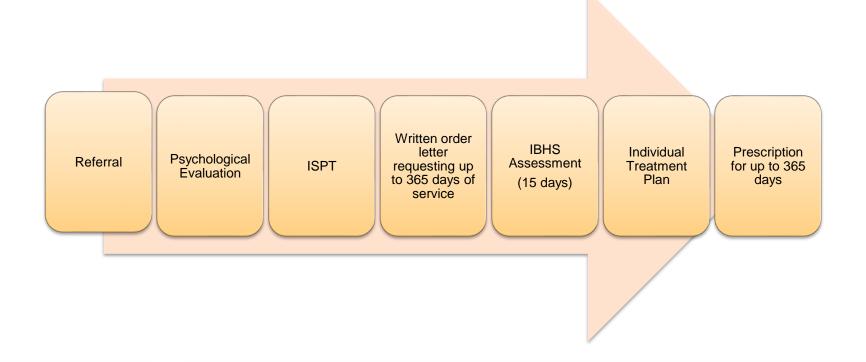
Traditional BHRS Professional Services Only

FFT

MST-PSB

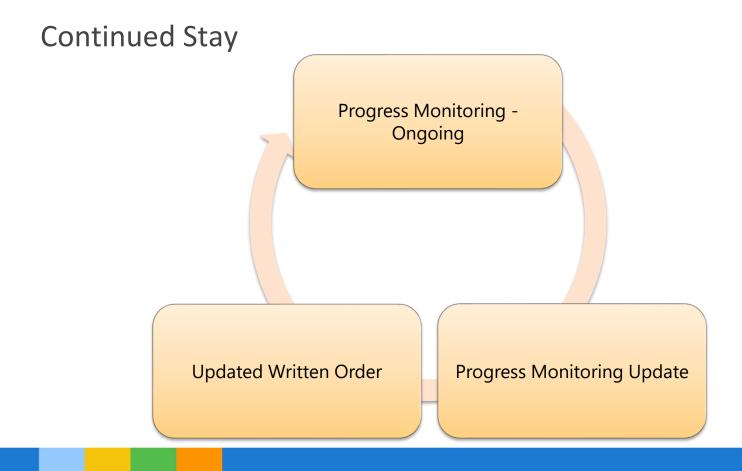
**CTSS** 

### Pathway 3: Psychological Evaluation and ISPT



#### Pathway 3: Psychological Evaluation and ISPT

- CBH will continue to require a Psychological Evaluation and ISPT prior to authorizing CRR-HH and Early Childhood Treatment Programs
- CBH will prior authorize these services for up to 365 days
- Pathway 3 is required for CRR-HH and Early Childhood Treatment Programs





# Initial Individual Treatment Plan Meetings and Interagency Service Plan Team Meetings

Providers can hold ISPT meetings as clinically indicated or as requested by treatment team member

CBH will still participate in ISPT and ITP meetings at provider invitation, emphasizing youth who are:

New to BHRS and IBHS

Recommended for re-admittance following successful discharge

### **Progress Monitoring Reviews**

By regulation, must occur every 90 days

# CBH may participate for youth who have:

- Extended length of stay
- used crisis services in the last 30 days
- high service utilization without progress

#### Data Driven Provider Monitoring

Community Tenure

Utilization of Crisis and CRC

Admission to AIP, PHP and RTF

Length of Stay

Encounter and Claims data will be used to determine providers and youth who are outliers in utilization.



# Questions????

